U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-3752A Rev. (01-07)

APPLICATION FOR INSPECTION OF U.S. VESSEL (NEW CONSTRUCTION)

FORM APPROVED OMB NO: 1625-0002

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is 15 mins. You may submit any comments concerning the accuracy of this burden estimate or any suggestion reducing the burden to: Commandant (CG-3PCV), U.S. Coast Guard, Washington DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0002), Washington, DC 20503.

TO: Officer in Charge, Marine Inspection					
The undersigned applies for inspection of the ne	ew vessel	l:			
(Name-if known)			(Hull Number)		
Multi Service Requested? (Check one) Yes	No _	(Servic	e: Passenger/Carg	o/OSV/etc	
Route: Intend					
Inspected under the provisions of 46 CFR Subc					
At (Shipbuilder):					
Point of Contact at Builder's Yard:					
Address/Phone:					
Contract Date:	Ke	el Laid Dat	te:		
Est. Date Construction Begins: Est. Delivery Date:					
Length: Breadth:			Depth:		
Estimated Tonnage: Regulatory Gross:			Net:		
International Gross:			Net:		
Hull Material:	Propuls	ion Type:			
No. of Engines: HP of Each	n:		No. of Shafts:		
Propulsion Automation for Machinery Space (Ch	heck one)	Yes	No		
Vessel to be Classed (Check one) Yes No	в Ву	(Class So	ciety)		
If Yes, is inspection under the provisions of NVI (A complete list of NVIC's can be viewed at www.uscg.m			? (Check one)	Yes	No
International Certificates (SOLAS, MARPOL, etc.) requested (Check one)				Yes	No

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Proposed Manning:
Requested Number of: Passengers
Industrial/ Scientific Offshore Workers Persons in Addition to Crew
Vessel Owner:
Address:
Point of Contact & Phone:
SHIPYARD OR DESIGN AGENT SUBMITTING DRAWINGS FOR APPROVAL
Name:
Address:
Point of Contact & Phone:
New Hull Design Type (Check one) Yes No
If Sistered, Parent Hull is built at built at
TYPES OF CARGO TO BE CARRIED
Oil Cargos? (Check one) Yes No If yes, describe here or attach separate sheet that lists each intended cargo, grade, and quantity. Please include all NLS Cargos and quantities as well.
Chemical Cargos? (Circle one) Yes No If yes, describe here or attach separate sheet that lists each intended cargo and quantity.
Deck Cargo? (Circle one) Yes No If yes, amount (in Long Tons)
Person Submitting Application:
Title:
Signature:
Date:

At this stage of your new construction project we realize you may not possess the information to complete every section on this form. However, a fully completed form will allow us to better facilitate the inspection of your new vessel.